

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000007242

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** SLEEP TIGHT FURNITURE, INC.

**Current Principal Place of Business:**

189 NORTH MAIN STREET  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2189  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 20-2149932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAKENSON, DAVID E  
189 NORTH MAIN STREET  
CRESTVIEW, FL 32536 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DAVID E HAKENSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HAKENSON, DAVID E  
**Address:** 851 MELTON RD.  
**City-St-Zip:** BAKER, FL 32531

**Title:** STD  
**Name:** HAKENSON, ANN K  
**Address:** 851 MELTON RD.  
**City-St-Zip:** BAKER, FL 32531

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID HAKENSON

PD

01/23/2012

Electronic Signature of Signing Officer or Director

Date